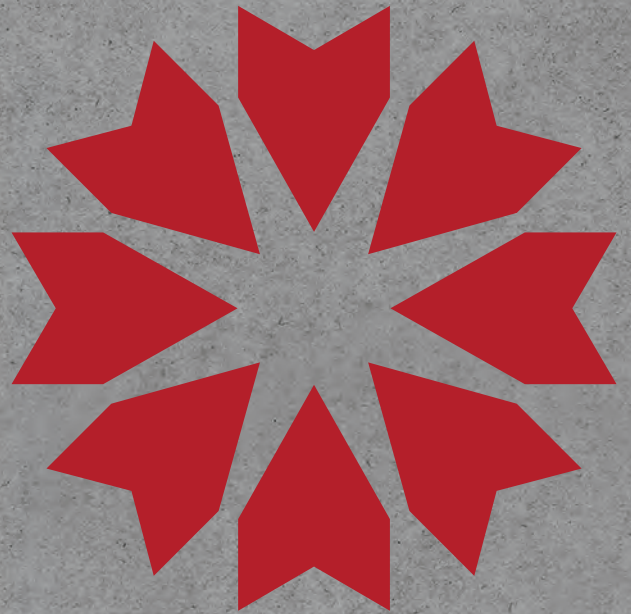




expressions !

Issue 31

eJournal



Visionaries



Dr. M I Sahadulla
Group Chairman and Managing Director



Padmashree Prof. Dr. G Vijayaraghavan
Vice Chairman & Director Medical Services



KIMSHEALTH logo is a representation of its core values that include – Compassion, Affordability, Ethics, Quality, Excellence, Transparency, Innovation and Trust.

The eight arrows pointing towards the center represent the patient being the focus of all that KIMSHEALTH renders in providing care. The inner star that is formed by the arrows stands for the quality and excellence of the services provided.

The red color symbolizes strength, determination and passion.



Mr. E M Najeeb
Executive Director



Mr. E Iqbal
Director – Support Service

Acknowledgement

We would like to thank all contributors.
Thanks to the entire team of Associate Editors
for your initiative and support.

Healthcare Promotions-KIMSHEALTH

Trivandrum

Cancer Center

Kottayam

Al Shifa

Marketing Department - GCC Units

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Editorial team

Dr. S Jayaram Das
KIMSHEALTH Trivandrum

Mr. Hilal S M
KIMSHEALTH Trivandrum

Dr. Abhilash Alex Francis
Dr. Yatheesha Kumar G M
KIMSHEALTH Al Shifa

Dr. Suprakasan S
KIMS Qatar Medical Centre

Dr. Sailaja Kaza
KIMSHEALTH Medical Center Dubai

Mr. Paritosh P
GCC

For feedback and suggestions
email to: kimsexpressions@kimsglobal.com
9048080800

KIMSHEALTH
PB No.1. Anayara P.O.
Trivandrum 695 029
Tel : 0471 2941000

Editorial note

KIMS now has a new brand identity – KIMSHEALTH – unifying all its Units in India and five countries abroad under a single brand and logo. KIMSHEALTH logo is a representation of its core values that include – Compassion, Affordability, Ethics, Quality, Excellence, Transparency, Innovation and Trust. KIMSHEALTH offers outstanding healthcare delivery with cutting-edge technology, digitalization, unparalleled competence and exceptional patient care. The change of brand identity also reflects KIMS commitment to continuously innovate and evolve to serve the community better. There are dedicated pages giving the details of the brand launch and what it offers to the public.

This edition of Expressions is not only about the new brand identity but is also dedicated to health and wellness. Various ailments and their manifestations are discussed in detail. A review of Covid vaccines is an updated analysis of the two options now available in India. The tips on a healthy diet assumes significance in this pandemic period. Some of our CSR initiatives of the pre-covid period and some recent ones are also showcased.

We are all in the fight against the pandemic and the country is in its largest vaccination drive. The entire population has to be covered in multiple phases. At time of writing this column, more than 2 crore beneficiaries have been vaccinated according to GOI. Don't hesitate ! # vaccinate is a campaign run by KIMSHEALTH. As a responsible healthcare institution, we urge each one of you to get vaccinated. We hope and pray that the world will be devoid of this pandemic soon.

The Editorial Team

KIMS re-brands, promises outstanding healthcare delivery

KIMSHEALTH poised to grow into leading healthcare organization in India, Middle East and Africa



Crowning 18 years of accomplishments in modern healthcare delivery, Kerala Institute of Medical Sciences (KIMS) yesterday unveiled its new brand identity – KIMSHEALTH – unifying all its Units in India and five countries abroad under a single brand and logo.

KIMSHEALTH” was launched through a virtual event that was beamed on a dedicated platform and viewed by a worldwide audience. The new KIMSHEALTH logo is a representation of its core values that include – Compassion, Affordability, Ethics, Quality, Excellence, Transparency, Innovation and Trust.

The eight arrows pointing towards the centre represent the patient being the focus of all that KIMS Health renders in providing care. The inner star that is formed by the arrows stands for the quality and excellence of the services provided. The red colour symbolizes strength, determination and passion. All these elements reflect KIMS commitment to continuously innovate and evolve to serve the community better.

“KIMSHEALTH is contemporary, while drawing on our legacy it offers outstanding healthcare delivery underpinned by cutting-edge technology, digitalization, unparalleled competence and exceptional patient care,” said Dr M I Sahadulla, Group Chairman

and Managing Director of KIMSHEALTH, in a message delivered online.

He further added “KIMSHEALTH is poised to grow into a top healthcare organization in India, Middle East and Africa with its presence in six countries having 800 doctors 2,000 nurses, 4,000 allied health staff and millions of guests with trust. The flagship hospital in Thiruvananthapuram has grown steadily from 250 beds to 650 beds over the years. Against the backdrop of COVID-19, healthcare as an industry has emerged phenomenally and KIMSHEALTH would play its role in providing top quality healthcare across the country. KIMS Hospital in Bahrain has become the first private dedicated hospital for COVID patients”.

Dr Sahadulla announced that the new additional facility in Thiruvananthapuram, “KIMS East” will be operational in August 2020 which will take the group total bed strength to about 2,000 across India and the GCC.

Dr Sheriff Sahadulla, Group Chief Executive Officer said, “Some of the new offerings from KIMSHEALTH would include a revamped website which will be relaunched as www.kimshealthcare.com, a new functional KIMSHEALTH mobile app for accessing





medical reports, doing tele-health consultations, a patient loyalty program etc. He also added that KIMSHEALTH is committed to its mission of providing high-quality, cost-effective care with courtesy, compassion and competence. The Group vision is 'to become a leading healthcare organization of excellence that transforms lives through exceptional care'.

In the words of Prof Dr. G. Vijayaraghavan, Vice Chairman & Founder Director of KIMSHEALTH, "We are the largest private



medical postgraduate training and research institute in this country. Last year, KIMS HEALTH conducted two international, six national and two state conferences, 78 internal medical education programs and 13 courses of American Heart Association."

Mr. E M Najeeb, Group Executive Director said, "A major focus area of KIMSHEALTH CSR would be in the field of physical rehabilitation by making available bionic arms. The hand prosthesis is a battery-operated artificial limb for amputees, which will be made available at a very affordable rate. 3D printing



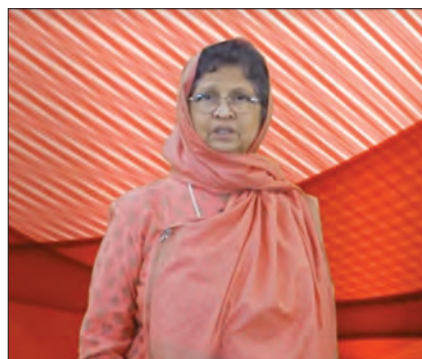
technology in hand prosthesis is being introduced for the first time in South India. KIMS Jaipur Foot has already provided artificial limbs free of cost to more than 400 amputees in Kerala."

Talking about KIMS' expansion in the GCC region, Mr. Ahmed Jawahery, Chairman of KIMS Bahrain Medical Centre and President of Royal Bahrain Hospital, said: "It is important to



note that KIMS is the first Indo-Bahraini partnership in private healthcare space in the Kingdom of Bahrain. Commitment to provide quality medical services and the dedication of our expert medical and non-medical staff has allowed us to grow beyond Bahrain successfully."

Dr Zuhara Padiyath, Director at KIMSHEALTH concluded the function with the comment that: "It has been my privilege and



pleasure to be part of this journey for the last 2 decades. Today the legacy continues with a new name KIMSHEALTH and logo for standardizing the care for India and abroad. We appreciate the unstinted support of our staff, shareholders, stakeholders and well-wishers. The journey continues with renewed energy and enthusiasm."

KIMSHEALTH Thiruvananthapuram launches a new tower KIMSHEALTH East



A new tower sprawling nearly 4.6 lakh sq. ft. area in 10 floors is being presented to the healthcare eco system of Kerala. This new venture, set up at a cost of Rs 300 crore, will consist of Ultramodern Operation Theatres, 75 bed ICU with all separate cubicles with central monitoring, Robotic Surgery Unit, Hyperbaric Oxygen, spacious birthing suites, labor and delivery rooms, 170 fully air-conditioned rooms, modern Wellness centers, Pharmacy, Cafeteria etc.

The new building will be the center for all transplant programmes (consisting of Kidney, Liver, Heart and Lungs), a center of excellence for normal and high risk delivery, Fetal medicine and Perinatology, advanced Cardiac and Neurosurgery, Pediatric Cardiac Surgery, most modern 30 bedded Neonatology department, Neonatal ICU and related services, highly specialized Dermatology Cosmetology and Plastic Surgery Centre with separate entrance and offering good privacy, second Radiology unit consisting of MRI, SPECT Scan and advanced Ultra Sound machines, Wellness center with fast-track consultation, Executive Physicals, Immunization service for all age groups and provision of premium waiting lounges maintaining social distancing and other new hygiene systems, executive dining, pharmacy and health stores and retail outlets. This center will provide 800 direct jobs and indirect jobs.

“This pandemic has taught us many lessons and we should give a new approach to healthcare delivery combining prevention, wellness, diagnostics, curative and hospitality. This tower will stand as a monument for a new healthcare delivery system upholding the values KIMSHEALTH stands for in India & GCC. The new facility is environment-friendly and it has been built in accordance with the LEED Platinum standards,” Dr. M I Sahadulla,

Group Chairman & Managing Director said. Dr. Sahadulla also added that Public-Private-Participation and Private-Private-Participation are the means of effective utilization of resources and this is a time to leverage such ideas which will redefine our future.

Dr. G Vijayaraghavan, Vice Chairman - KIMSHEALTH stated that KIMSHEALTH was a trend setter of modern medical care for two decades and the new east block of KIMSHEALTH will add latest developments in medical care in 2021 for people of Kerala. I am sure the public will appreciate this gesture with open arms as they did 2 decades ago. We know that public has appreciated our contributions to medical care at affordable rates.

Dr. Sheriff Sahadulla, Group Chief Executive Officer, KIMSHEALTH opined, “With a team of dedicated professionals who bring experience and expertise, cutting edge facilities and world class treatment protocols, we strive to deliver quality care balancing the high expectations of patients and advanced medical technology and digitalization”.

Mr. E M Najeeb, Executive Director, KIMSHEALTH said that as KIMSHEALTH completes two decades, the Group is now present in six countries, with over 900 doctors and 6000 healthcare professionals. Its flagship hospital in Thiruvananthapuram has grown steadily from 250 beds, and with the completion of KIMSHEALTH East, the hospital will have 900 beds, taking KIMSHEALTH’s bed strength to about 2,000 across India and the GCC. The group cares for over 2.5 million local and international patients annually through its multidisciplinary teams in India, Bahrain, Oman, Saudi Arabia, Qatar and the UAE.

Mr. Jerry Philip, Group COO, was also present at the press conference.



COVID-19 vaccines - A synopsis of Covishield and Covaxin

As covid-19 vaccination programs are going ahead in full swing in India and the rest of the world, we would like to highlight the salient features of Covishield and Covaxin which are the two vaccines currently available in India. As scientific communities around the globe are trying to develop new vaccines and many vaccines are under trial in different platforms including viral vectored, protein subunit, nucleic acid including RNA and DNA, live attenuated and inactivated vaccines, all these different types of vaccines are beyond the scope of this article as we would like to focus only on Covishield and Covaxin as we are discussing this mainly in the Indian context.

Most of the health care workers in India have received the first dose of Covishield Vaccine and significant untoward incidents were minimal during the first phase of vaccination program. But unfortunately the vaccination program with Covaxin has had some initial controversies due to the hastiness involved in introducing the vaccine on a trial basis for general public before completing the phase 3 trials. But to everyone's surprise, the data from phase 3 trials of Covaxin has come out now which is showing excellent efficacy and is found to be effective for 9-12 months as per current data.

COVISHIELD

Covishield vaccine was conceived and developed by Oxford University in UK in collaboration with Astra-Zeneca. India's Serum institute in Pune is a manufacturing and trial partner for this vaccine and the vaccines for India are manufactured by them. This is a viral vector vaccine made from a weakened version of adenovirus which causes common cold in Chimpanzees (ChAdOx1). The vaccine component comprises a replication deficient simian adenovirus vector containing the full length codon-optimized coding sequence of SARS CoV2 spike protein along with a tissue plasminogen activator leader sequence. After vaccination the spike protein enter the human cells and evoke an immune response which would prompt the immune system to attack the corona virus if it later enters the body.

The vaccine is injected intra-muscularly preferably in deltoid muscle and it would prompt the immune system to start

producing antibodies and would help protecting the body later during a real covid-19 infection. Two doses are given between 4 and 12 weeks interval (0.5ml each) to offer adequate protection. The efficacy ranges between 62 -90 % and if the first dose was half followed by a full second dose the efficacy would be hitting closer to 90% according to the latest reports emerging. It is stored between 2-8 degree Celsius which is making it very easy for transport and to maintain the cold-chain.

The main side effects observed from administering this vaccine are fatigue ,fever, chills, headache, nausea, enlarged lymphnodes, flu like symptoms, sore throat, cough, decreased appetite, abdominal discomfort, myalgia, local reaction at injection sites like pain, redness, itching, bruising at the site of injection etc.

COVAXIN

Covaxin is India's first Indigenous vaccine against Covid-19 developed by Bharat biotech in collaboration with ICMR & National Institute of Virology (NIV) . This indigenous vaccine is developed and manufactured in Bharat Biotech's BSL 3(Bio safety level-3) high containment facility. NIV isolated a strain of novel corona virus from an asymptomatic patient and transferred to BBIL early in May. The firm then used this strain to work on the inactivated vaccine at its high containment facility in Hyderabad. This inactivated vaccine which contains the whole virus triggers an immune response in the subject. This vaccine is also given intramuscular, preferably in the deltoid region. Two doses are given with a gap of 4 weeks and is stored at 2 to 8 degree Celsius which makes it easy for maintaining the cold chain.

The vaccine has been developed from whole-Virion inactivated Vero Cell derived platform technology. Inactivated vaccines do not replicate and therefore unlikely to cause pathological effects in those who are vaccinated. The vaccine contain dead virus which is not capable of infecting individuals but at the same time able to make an antibody response which would help the host to make the defense against the actual SARS CoV 2 infection. Covaxin underwent pre-clinical animal studies initially before human trials in mice and guinea pigs and was found to be safe. Following which human trials were carried out. Non human primate study





was published in IJMR followed by phase 1 trial in Lancet and Phase 2 study has been accepted for publication. Phase 3 trial of the vaccine has been completed and the data from phase 3 trials has revealed that the vaccine has got a clinical efficacy of 81% which is excellent. The data came from 25800 participants who received the vaccine or a placebo in a 1:1 ratio and showed that the vaccine is well tolerated. It also showed immunogenicity against emerging variants which is very promising.

Bharat biotech has been approached by several countries across the world for procurement of Covaxin. Supplies to Mongolia, Myanmar, Sri Lanka, Philippines, Bahrain, Oman, Maldives and Mauritius is being planned.

The side effects reported from Covaxin during the trials were mainly minor which included pain, redness, swelling and itching in the injection site, body ache, headache, fever, nausea, vomiting, rashes, malaise and stiffness in the injected arm.

Contraindications of COVID-19 Vaccination

The following are the contraindications of covid -19 vaccination

- 1) History of Hypersensitivity and Anaphylaxis to previous covid-19 vaccine
- 2) Immediate or delayed-onset anaphylaxis or allergic reaction to vaccine or injectable therapies, pharmaceutical products, food items etc
- 3) Pregnancy and lactation

Provisional/Temporary contra-indications where covid-19 vaccination to be deferred for 4-8 weeks after recovery from following conditions

- 1) Persons having active symptoms of SARS-CoV 2 infection
- 2) Persons who received anti SARS CoV2 monoclonal antibodies or convalescent plasma.
- 3) Actually unwell and hospitalized patients due to any illness

Other precautions

- 1) Covid-19 vaccination with covishield is indicated for those above 18 years of age as per the current guidelines.
- 2) Co-administration of vaccines-Other vaccines should be separated by an interval of at least 14 days
- 3) Interchangeability of Covid -19 vaccine is not permitted. The second dose should be the same vaccine which was administered as the first dose.

Special precaution

Vaccine should be administered with caution in patients with h/o bleeding or coagulation disorders eg- Clotting factor deficiency, coagulopathy or platelet disorder.

We have made a reasonable attempt to compare these two vaccines and the information is very important for every clinician in India as these vaccines are available now for use. Ideally, each person has to be given an option to choose when more than one vaccine is available. We presume that Bharat Biotech has taken extreme caution when interpreting the results and the data of Phase 3 trials including adverse events. This vaccine could be pivotal in our fight against covid-19 in India. It is almost sure that both these vaccines would help us in eliminating this global threat in the coming months, in India as well as many other developing nations across the world.

Acknowledgement

Ms.Sandra Anish and Dr. Anish Kumar R P for contributing this article to KIMSHEALTH Expressions.

Authors

Dr.Anish Kumar R.P, Consultant
Dept.of Internal Medicine, KIMSHEALTH

Ms.Sandra Anish, Medical Student, AIMS

Dr.Ambily R Nair, Assistant Surgeon
Dept. of Health





KIMSHEALTH collaborates with MGM Healthcare to establish a comprehensive Heart & Lung Transplantation Unit at KIMSHEALTH Trivandrum



Dr. M I Sahadulla, Group Chairman and Managing Director, KIMSHEALTH and Dr. Suresh Rao K G, Co-Director - Institute of Heart and Lung Transplant & Mechanical Circulatory Support and HOD – Cardiac Anaesthesia, MGM Healthcare exchanged the memorandum of understanding (MoU) of the collaboration on the occasion

KIMSHEALTH Trivandrum, a quaternary care multi-organ transplant centre, has established itself as a leading centre in the region to perform various organ transplants like kidney, liver and combined kidney-liver transplants including paediatric transplants and ABO incompatible transplants. Having successfully completed over 800 organ transplants, with a success rate on par with international standards, KIMSHEALTH has commissioned KIMSHEALTH EAST which has a dedicated facility for multi-organ transplants.

MGM Healthcare is a quaternary care super-specialty hospital in the heart of Chennai city. It has been recognised as one of the superlative health-caring hospitals to have performed all solid organ transplants. MGM Healthcare is currently one of the leading hospitals for heart-lung transplants in the country.

Dr. G Vijayaraghavan, Vice-Chairman and Head of Cardiology, KIMSHEALTH, Dr Prashanth Rajagopalan, Director, MGM Healthcare, Dr. K R Balakrishnan, Director, Institute of Heart & Lung Transplant and Mechanical Circulatory Support, MGM Healthcare, Mr E M Najeeb - Executive Director, KIMSHEALTH, Dr. Sujit V I and Dr. Shaji Palangadan - Cardiothoracic and Transplant Surgeons from KIMSHEALTH, Dr Praveen Muralidharan - Director Transplant Program, Mr. Harish Manian, CEO, MGM Healthcare and Mr. Saravanan Raman, Vice President, MGM Healthcare, were also present at the press conference.

Dr. Sheriff Sahadulla, Group CEO, KIMSHEALTH, participated through video conferencing.



Boosting your immune system against coronavirus

The COVID-19 is causing many changes in the daily lives of people around the world, but some things can be done to maintain a healthy lifestyle in these difficult times by taking a proper diet during COVID pandemic. Proper nutrition and hydration are vital. Eating a well-balanced diet, getting enough sleep and exercising daily are important for your overall health and wellness. . So you should eat a variety of fresh and unprocessed foods every day to get the vitamins, minerals, dietary fibre, protein and antioxidants your body needs. Drink enough water. Reduce sugar, fat and salt - lower your risk of overweight, obesity, heart disease, stroke, diabetes and certain types of cancer.

Eat fresh foods everyday

Eat fruits, vegetables, legumes (e.g. lentils, beans), nuts and whole grains (e.g. unprocessed maize, millet, oats, wheat, brown rice) and foods from animal sources (e.g. meat, fish, eggs and milk).

Daily, eat: 2 cups of fruit 2.5 cups of vegetables , & adequate amount of protein rich foods like fish, egg white, pulses , dhal, chicken and red meats in moderation

For snacks, choose raw vegetables and fresh fruit rather than foods that are high in sugar, fat & salt.

Do not overcook vegetables and fruit as this can lead to the loss of important vitamins.

When using canned or dried vegetables and fruit, choose varieties without added salt or sugar.



Drink enough water everyday

Water is essential for life. It transports nutrients and compounds in blood, regulates your body temperature, gets rid of waste, and lubricates and cushions joints.

Drink 8–10 cups of water every day.

Water is the best choice, but you can also consume other drinks, fruits and vegetables that contain water, for example lemon juice (diluted in water and unsweetened), tea and coffee. But be careful not to consume too much caffeine, and avoid sweetened fruit juices, syrups, fruit juice concentrates, fizzy and still drinks as they all contain sugar.W

Eat moderate amounts of fat and oil

Consume unsaturated fats (e.g. found in fish, avocado, nuts, olive oil, soy, canola, sunflower and corn oils) rather than saturated fats (e.g. found in red meat, butter, coconut oil, cream, cheese, ghee and lard). Choose white meat (e.g. poultry) and fish, which are generally low in fat, rather than red meat. Avoid processed meats because they are high in fat and salt. Where possible, opt for low-fat or reduced-fat versions of milk and dairy products. Avoid industrially produced trans fats. These are often found in processed food, fast food, snack food, fried food, frozen pizza, pies, cookies, margarines and spreads.

Eat less salt and sugar

When cooking and preparing food, limit the amount of salt and high-sodium condiments (e.g. soy sauce and fish sauce). Limit your daily salt intake to less than 5 g (approximately 1 teaspoon), and use iodized salt. Avoid snacks (e.g. junk foods) that are high in salt and sugar. Limit your intake of soft drinks or sodas and other drinks that are high in sugar (e.g. packet juices, fruit juice concentrates and syrups, flavored milks and yogurt drinks). Choose fresh fruits instead of sweet snacks such as cookies, cakes and chocolate.

Avoid eating out

Eat at home to reduce your rate of contact with other people and lower your chance of being exposed to COVID-19. We recommend maintaining a distance of at least 1 metre between





yourself and anyone who is coughing or sneezing. That is not always possible in crowded social settings like restaurants and cafes. Droplets from infected people may land on surfaces and people's hands (e.g. customers and staff), and with lots of people coming and going, you cannot tell if hands are being washed regularly enough, and surfaces are being cleaned and disinfected fast enough.

Other essentials

Include immune boosting foods like-

Garlic and Ginger

It is a powerful anti-viral. It can be eaten raw, mashed or can be added to soups. chopped raw garlic and ginger with a tablespoon of raw honey boost your immune system



Almonds

Vitamin E in almonds will help to prevent colds and flu and is key to your immune .



Turmeric

The golden spice turmeric is known for its anti-oxidant and anti-inflammatory properties. Curcumin, the compound present in turmeric is a very potent agent and aids in healing of wounds and infections. This is the reason, it is often suggested to have turmeric milk



Vitamin C – Citrus Fruits & Greens

Consuming foods high in vitamin C such as grapefruits, oranges, amla, bell peppers, broccoli strawberries, kale, and kiwifruit are thought to increase white blood cell production, which is key to fighting infection.



Beta-Carotene –Green and yellow vegetables

Beta-carotene converts into vitamin A, which is an anti-





inflammatory vitamin that can help your antibodies, respond to toxins, such as a virus. Carrots, spinach, kale, apricots, sweet potato, and cantaloupe are all great sources of beta-carotene. Vitamin A is a fat-soluble vitamin, so consuming foods with healthy fats will aid in its absorption

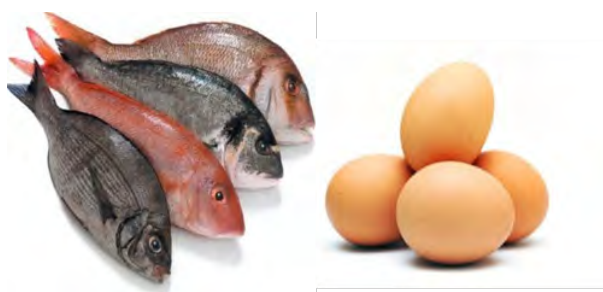
Vitamin E – Nuts, Seeds & Greens

Vitamin E is a fat-soluble vitamin that is key in regulating and supporting immune system function. Foods rich in vitamin E include nuts, seeds, avocado, and spinach.



Vitamin D – Sunshine, Fish & Eggs

Vitamin D is essential to immune function and helps regulate the body's immune response. Vitamin D can be found in salmon, canned tuna, egg yolks, and mushrooms.



Sunshine is the main source of vit -D

Probiotics, Gut Health & Immunity

Yogurt, Tempeh (Fermented Soybeans), and certain types of

cheese, and curd contain probiotics, which are thought to help stimulate the immune system to fight off disease.

Zinc – Shellfish, Poultry, and Beans

Immune system cells need zinc to function. Zinc is a mineral that our body does not store or produce. While oysters have the highest food content of zinc, there are several other options such



as shellfish (crab, clams, lobster, and mussels), poultry (chicken or turkey), red meat and beans. Zinc is also found in fortified cereals and some breads, but the best absorption comes from animal-based foods.

- All these dietary changes should also be coupled with good exercise and proper sleep.

A healthy diet, proper sleep & exercise are essential for good health and nutrition. It protects you against many chronic diseases. Good diet helps to improve our immunity and able to fight against virus and enhance the quality of life. So, one should be safe and eat safe

Not only in this COVID pandemic time but for life long time select a well balanced diet.

Author

Ms. Athira M J
Dietitian
Dept of Diet & Nutrition
KIMSHEALTH



Inauguration of KIMSHEALTH Medical Centre at Manacaud in Trivandrum
by Shri. Kadakampally Surendran, Honourable Minister for Tourism
The Centre provides various outpatient services including internal medicine, paediatrics, dental, gynaecology, dermatology, ENT, ophthalmology.
The centre has its own pharmacy and health store, laboratory services, optical shop and a five-bed observation bay





WORLD TRAUMA DAY AWARENESS CAMPAIGN

ALL
HEROES
WEAR
HELMET

Not all heroes wear caps....some wear helmets!
Wearing a helmet is very important. The head and neck are particularly vulnerable to impacts which can lead to concussions, fractures, brain damage and even paralysis. Just as important as wearing a helmet is wearing the right helmet.





KIMS Liver Clinic completes 100 transplants
Liver transplant patients get together inaugurated by Smt. KK Sailaja, Honourable Minister for Health



People with co-morbidities should be given Covid vaccine on a priority basis

INFOCUS

Q/What should be done to overcome post-Covid complications?

A/Many speciality hospitals have started post-Covid clinics to handle the situation. These clinics should be managed by a group of specialists consisting of internal medicine, respiratory medicine, neurology, psychiatry and such other depending upon the systems affected. By rehabilitation and follow up, many of them can be treated effectively except a very few who may have a permanent disability due to the sequela of disease. Therefore, it is important for post-Covid patients to be attached to one of the clinics and be seen periodically. Teamwork is the most important from the specialist to manage these cases.

Q/The vaccine currently available is only for people over the age of 18. What should minors do to defend Covid-19?

A/At the moment, we can only advise them to follow the hygienic measures of wearing the mask, social distancing, sanitising and respiratory hygiene. All the teachers should get vaccinated before the schools are reopened.

Q/People with heart disease, stroke, diabetes, and cancer,

especially the elderly, seem to be afraid to take the Covid-19 vaccine.

A/Lack of awareness and disinformation against the vaccination has resulted in many baseless scare against the vaccine. In fact, people with comorbidities of heart disease, stroke, diabetics, cancer etc should be given the vaccine on a priority basis and there is no reason to decline it. They should take the vaccination in consultation with their physician since some of them can be having no immunity, and the vaccine may have to be given with caution.



Dr M.I. Sahadulla,
Group Chairman and Managing
Director, KIMSHEALTH



Fire safety in hospital

The global healthcare facilities have changed and also ways of patient care. We have witnessed major developments in rural and urban areas of India in the last decade. Hospitals are upgrading to modern technologies and the western style of care and treatment. There is a marked increase in medical value tourists who are lured by our traditional Ayurveda and also for other major health issues. In fact technology, care and other managerial activities have remarkably improved in Indian healthcare industry.

With the influx of International patients, healthcare institutions now face the challenges of Patient relations, Patient management, Facility maintenance, Housekeeping and safety aspects. Safety is now a key element in hospitals. The Safety system signifies the mechanism installed inside the building to meet all contingencies that affect the safety of men and material. Such a contingency is known as Internal Disaster. It can be the result of a fire, utility failure, blast, major gas leakages etc. It may take place suddenly and unexpectedly and has the potential to cause loss of property, machinery, injury and even death.

When evaluating the Internal disasters that have happened during the past years, it is evident that the majority have occurred due to human error and its impact is devastating. In addition to huge financial losses, the institution will also lose credibility. Fire is the first and foremost, when compared to other internal emergencies inside a hospital because of its ability to spread quickly and damage lives. There are many incidents we know in India and abroad; the last one being the one at AMRI Hospital, Kolkata. According to a healthcare organization, there are a lot of chances for a fire to occur. The improper management of hazardous chemicals, improper installations and maintenance of electrical cables and equipment, bad housekeeping and carelessness in using fire at laboratory and kitchen may result in a huge disaster in any hospital building. This fire can spread easily through wooden walls, electrical cables, curtains, wooden furniture, false ceilings and other combustible materials. A dry weather, and wind coming in through windows will accelerate the speed of spreading fire. Thus, the millions of investment will vanish in no time.

The risk is a little higher in a hospital fire when compared with

other organizations like malls, hotels and offices. The difference between hospital and other organizations is that hospitals have patients mostly bedridden and in many cases, cannot help themselves. The patients and their family members trust the hospital for their safety. Many patients will be connected to life supporting machines like ventilators, cardiac monitors, syringe pumps and defibrillators and some may be in Operation Theaters whilst a fire occurs. These patients need special care when rescuing them from the scene of fire. Another problem is managing smoke. As all we know, when a fire occurs, there will be smoke. Smoke can spread in the entire hospital through AC ducts, electrical plumbing and elevator ducts, false ceilings and other electrical and networking cable passing holes. The studies regarding many fire disasters in India and abroad show that the majority of deaths are not because of the fire, but due to the inhalation of toxic smoke. Smoke not only affects rescue operations, but also disturbs firefighting activities. Firefighters cannot enter the scene of fire without protective clothing and SCBA or other breathing apparatus. If the management has failed to install and maintain proper fire protection systems inside and outside buildings, it will be another reason to increase the degree of disaster. Any delay due to unavailability of firefighting equipment will result in the loss of lives, valuable machines, cash, important medical records, other documents.

After a fire mishap, the management will be in deep crisis. The material costs, insurance costs, legal costs, accident investigation costs, renovation costs and costs of lost time will be high in a major fire risk. The money lost due to a fire in a patient room is estimated at 10-25 Crores for a Multi-specialty Hospital/Medical College. Hence the loss for an entire building can be imagined!

India is becoming a major healthcare hub in the world. But the safety/fire protection systems are not properly maintained in most hospitals, except for some large healthcare groups.

Given below is an overview of the equipment, protocols and fire safety management techniques in the hospital:

Fire Safety Implementation and Equipments





Emergency Access & Egress Fire doors/Stairs with adequate Signages and evacuation plan

Fixed Fire Fighting Systems – Fire Sprinkler & Fire Hydrant System with design per National Building Code

Manual call point integrated with Fire Alarm Control Panel of adequate Smoke and Heat detectors

Emergency lighting system

Permit to Work (PTW) System to control fire from construction activities

Fire and Safety Management in Hospitals

HSE Induction /Orientation to all employees to ensure Safe Work Culture

Preparing & implementing a systematic Fire Plan

Fire & Emergency Preparedness Training to all Staffs for Awareness about the Building Evacuation Plan

Availability of Fire Fighting appliances – Fire Extinguisher ,Fire Hydrant system

Maintaining healthy Fire fighting & Monitoring systems through periodic maintenance

Inspection / Auditing of the premises, Equipments,

Conducting Planned & Surprise Mock drills regularly

Forming Trained manpower pools of Staff for Emergency Support

ERCC (Emergency Response Coordination & Communication)

system to higher authority for responsiveness.

Safety Committee for monitoring and analyzing routine operations safety issues & Incident reports

R.A.C.E. protocol

Rescue – Remove patients from immediate danger area

Activate the Fire alarm (Call 1111 and report the location and type of fire)

Confine the Fire (Close doors and openings to fire area to prevent the spread of fire and smoke. A wet cloth can be used to close the openings)

Extinguish/Evacuate

P A S S. Procedure for operating extinguishers

Pull the Safety Pin.

Aim Nozzle at the Base of fire.

Squeeze the Handle.

Sweep Discharge hose side to side.

Obedying the rules would make your organization free from fire and accidents. The aforementioned losses can be prevented with good fire prevention systems and excellent practice of fire safety. Safety should be a habit. Employees Practicing safety is not only a responsibility but also a commitment to Organisation. Do your part and be safe. Remember “ Prevention is better than Cure”

Edited by: Mr. Anish G

Manager, HSE

Health Safety & Environment



50th National Safety Week campaign inaugurated by Dr M.I. Sahadulla, Group Chairman & Managing Director, in presence of Mr. Jerry Philip – Group COO, Mr. Vinod Y R - Group Head (Healthcare Promotions) and team HSE





'MomSoon' Fashion Walk organized by KIMSHEALTH as part of Women's Day celebration-
Fashion walk by the would-be-mothers consulting at KIMSHEALTH TRIVANDRUM.
Dr. Divya S Iyer IAS, the Chief Guest with the winners



KIMSHEALTH Clinic at Trivandrum International Airport

Inauguration by Mr. C V Raveendran, Airport Director in presence of Mr. Jerry Philip - Group COO, KIMSHEALTH, Mr. George Varghese - Jt. GM Operations, Mr. Sunil Raghuvanshi - Commandant CISF, Mr. Vijay Bhushan - AOC Chairman, Mr. Shine Varghese - AOC Vice Chairman, Mr. Anoop - AGM Operations, Mrs. Usha Kumari P V - Sr. Manager Ops, Mr. Vinod Y R - Group Head (Marketing) KIMSHEALTH



Psoriasis - Myths and Facts

Psoriasis is not a contagious disease, is not completely curable, but can be controlled by treatment

Psoriasis is a common chronic inflammatory skin disease that may exhibit a variety of clinical manifestations. It is a disease which mainly affects the skin and joints. Though more common in adults, it is also seen among children and adolescents. It has no gender predilection. Moreover it is not a contagious disease i.e. it does not spread from person to person. There are different modalities of treatment to control the symptoms.

Etiology

- Though many researches have been done, the exact etiology is not well understood.
- Genetics, Immunological and environmental factors are all said to play a role among which genetic cause is attributed in 40% of the affected individuals.
- Smoking and drinking may exacerbate symptoms. Certain infections and medications may also trigger or exacerbate psoriasis.
- It has a long standing course, symptoms can be controlled with appropriate treatment.
- Low Vitamin D levels have been observed in patients with psoriasis.
- Stress, anxiety and depression are common among affected individuals. Early diagnosis and initiation of treatment may alleviate these problems.

Symptoms

Psoriasis exhibits varying features, based upon the affected body area.

Most common form presents with reddish raised lesion along with silvery white scaling.

Long standing scaly lesions on the scalp may be psoriasis.

Guttate Psoriasis

- In children and young adults, these may be seen as small scaly raised lesions on the trunk.
- Streptococcal infection may predispose to this condition

Pustular psoriasis

Seen as pustules which can develop on the already existing psoriasis lesions. These may be limited to palms and soles or may involve extensive areas of skin.

Inverse Psoriasis

These are seen on skin folds and are usually mistaken for fungal infections.

Nail Psoriasis

These may be limited to nails or may be seen in association with joint involvement.

Psoriatic Arthritis

30% of the affected individuals have joint involvement as well. Small joints are the ones commonly involved. It can present with joint swelling, stiffness or pain.

Diagnosis and Treatment

- Though psoriasis can be clinically diagnosed in most cases, skin biopsy is the confirmatory test.
- There are two types of treatment modalities-medication for local application and oral medication.
- Petroleum jelly or emollients are to be applied topically immediately after bath.
- Less potent steroids may be used on skin lesions or the sensitive areas and more potent ones are used on the thicker skin areas like the scalp, palms and soles. Long standing use of more potent steroids may cause thinning of the skin.
- Calcipotriol (vitamin D analogue) is another alternative for topical steroids.
- Tar preparations are available in the form of shampoos, creams and oils.
- Anthralin, topical retinoids, tacrolimus are also other options.
- Phototherapy is another treatment modality of which narrow-band UV-B is safe in children & pregnancy.
- Methotrexate is the commonly used oral medication. Folic acid supplementation is given along with it. Those on methotrexate need to avoid pregnancy and blood transfusion. They need to monitor blood counts, liver function test regularly while on this therapy.





- Retinoids, cyclosporine, Azathioprine are other medications.
- Apremilast is a newer molecule which has been used recently for the treatment of psoriasis with joint involvement.
- Biologics are also available. These are used in advanced cases as in the case of failure to respond to other treatments. The higher cost of therapy as well as potential side effects are some of the limitations for this treatment modality.

People with psoriasis are likely to experience depression and self-esteem issues. One may feel less confident when new spots appear. The constant cycle of the condition may

be frustrating too. Talking with family members about this may be difficult. All of these emotional issues are valid. It's important to seek advice of a Dermatologist for a better quality of life with Psoriasis.

Authors

Dr. Rema Devi T J, Consultant

Dr. Asha Zacharia, Consultant

Dr. Mini P N, Consultant

Dept. of Dermatology & Cosmetology

KIMSHEALTH



KIMSHEALTH supports IMA in its campaign 'NO TO MIXOPATHY'



KIMS CSR grant given to Ms.Chandrika by Ms.Karishma, Corporation Councilor, Anamugham



The Unwelcome Guest

As one goes through the rigours of life, the comforting presence of women in our life has undoubtedly been a source of inspiration and support. Today they are an essential part of our work force, as professionals and leaders in the corporate or business world.

For all her responsibilities, we depend on a woman's health to keep the mills of society rolling. An illness for a woman causes suffering not just to the lady herself but to all those who look up to her for care and nurturing. The thought of a mother immediately brings to mind the serene picture of a lady feeding her baby and lovingly, holding it safely to the warmth of her bosom. In these maternal actions we see that a woman's breasts are in fact an embodiment of her affection and love. It is therefore sad to think that breast cancers and diseases are a significant cause for suffering in many women.

Women are often complimented upon for their virtue of tolerance but it is important to empower them with the knowledge that some unwelcome guests are best shown the door before it is too late. Breast lumps are no different. Breast lumps don't always mean bad news. In fact only about 10 percent of breast lumps turn out to be cancerous. It is however the delay in the presentation of those few cases that results in the sad breast cancer related stories we so often hear about.

We appear to be fortunate in India with having a relatively low incidence of breast cancers. Though some forms of breast cancer can be genetically passed down to children through chromosomal abnormalities such as BRCA 1 or 2, we do not appear to have a large number of such families. In terms of the other risk factors, social structure seems to be in our favour with most women entering marriage at a suitable age and having children at a much younger average age than that observed in higher prevalence areas of the world as risk of malignant breast disease is relatively higher in women who have not had children or have them at a much older age. Breast feeding confers a protective effect and in that too we are fortunate as most women prefer to breast feed their children. The low incidence along with favourable social factors should place us in a strong position in the world in terms of Breast cancer survival rates. However, a combination of poverty, illiteracy, lack of awareness, poor access

to breast care services and embarrassment caused by social impediments upon women continue to prevent many women from seeking help in time and thus the avoidable suffering.

Breast lumps and problems can start from a young age at the time of development of the breast right into old age. Contrary to belief, men too can suffer from breast problems. The common causes of the lump or symptoms differ in various age groups. A variety of changes occur in the breast as the person grows. Some of them cause appearances of lumps or symptoms. A glossary of terms evolved to describe them, causing anxiety and confusion about their consequences. In order to avoid this they are now classified as Anomalies of the Normal Development and Involution of the breast (ANDI). Some common non cancerous causes of breast lumps are fibroadenoma in young women and fibro cystic change, breast cyst and duct papillomas in older women.

It is always recommended that both breasts be checked at all times during assessment to ensure that no abnormalities are missed and to be able to appreciate normal variations which are often seen in both sides though the patient may only have noticed the change in one breast causing worry.

Most lumps in the breast are accidentally picked up by ladies when they grow to a certain size when it becomes easily visible or obviously felt during bathing. Such incidentally discovered lumps tend to have been present for quite sometime. If case of the lump proving malignant, results of treatment would have been better with earlier detection, though today good results are obtained with treatment at all stages.

World over, the improvement in results of treatment of breast cancers have hinged on awareness and self examination, through education and screening. WHO has commented that, of the two, greater impact has been achieved by awareness, self examination and early referral for treatment. For this to succeed we need to inspire confidence in women that their concerns will be addressed sensitively and treatment offered in a dignified supportive environment to mitigate fear and embarrassment.

Mammograms performed on both breast at a regular interval,





ranging from two years to five years in some countries, have seen success in early detection of breast cancers with high rates of complete cure. There has been a significant improvement in the success of treatment with reduced deaths from breast cancer as a result of the widespread uptake of this program by women in the UK. Similar programs may be useful in India but there are challenges to implementation due to cost and infrastructure.

Self examination can be practiced with ease, in the comfort and privacy of home without the need for any special devices. It would benefit women of all ages and is best done at regular intervals every month or two months based on the patient's level of comfort. The best time to do so would be the middle of the cycle month midway between the previous and the next expected menstrual period, as the breasts tend to be naturally lumpier and painful closer to the periods. An easy way of self examination would be to stand with adequate lighting in front of a mirror and check both sides in comparison, for any change in shape, dimpling or deviation of the nipple with the hands hanging loosely by the side, then raising the arms straight over the head and finally with the hand resting on the hips and pressing inwards. To feel the breasts for any lumps it is best to lie down flat on a bed or couch, the hand of the side being examined placed under the head. This causes the breast to be raised and lie flat on the chest wall allowing a careful examination using the flat parts of the fingers of the other hand rather than the tips. Starting on the top feel all parts of the breast, going around it in a clockwise direction and finally feel under the nipple areaola regions. Checking oneself at the same fixed time every month or two ensures that the effect of day to day variations on breast shape and texture is minimised at each comparison. It is also for the same reason that self examination, more frequently than once a month may not be useful.

It is important that if any lump is found, the lady should consult a doctor, preferably one with an interest in breast disease. All breast lumps should be assessed using three modalities (Triple assessment: Clinical examination, imaging and biopsy) to reduce the risk of missing any thing of significance. After confirmation of a change by a doctor, the breasts are scanned. For women over the age of 35 years, mammography done on both sides

provides a good screening. But for younger women it may be more appropriate to use ultrasound scans as the breasts tend to be more dense and mammograms do not offer as much clarity as in women over 35 years. If an area of problem is identified then its nature is best confirmed by preferably an ultrasound guided needle biopsy, where a small piece of the tissue is obtained for checking by a pathologist to confirm the cause of the lump. In some cases a Fine needle aspiration cytology (FNAC) test may be acceptable and if there is any doubt, a biopsy is recommended. Today most breast cancers are treatable and an average five year survival averaged for all stages after diagnosis stands at 89%. Survival for early stage disease is close to 97% over ten years.

Earlier, the only treatment option for breast cancers used to be a complete removal of the breast. Today most breast cancers can be treated by operations which allow preservation of the healthy parts of the breast through breast conserving therapies (BCT). This include removal of the lump with a small rim of healthy breast tissue with selective sampling of the lymph glands from the armpit on the same side. Most patients undergoing BCT will need radiotherapy and may need chemotherapy based on the type and stage of her tumour. Where the lump is too large to allow preservation of the breast, women have the option of having a skin sparing mastectomy where the breast is removed but the skin over it is preserved with immediate reconstruction of the shape of the breast using a silicone implant or the patient's own tissue from another part of her body. This restores the appearance and with this the lady's confidence in going back into the world.

Radiotherapy too has become less toxic with the advent of machines that allow aiming of multiple low dose beams at the tumour site such that the high levels are only reached at the site of the tumour, reducing the side effects such as radiation skin burns or lung problems. Effective chemotherapy and breast specific hormone based therapy, with drugs such as Tamoxifen, anastrozole, letrozole etc that block the action of oestrogen on the breast, is considerably less toxic and care is improved due to better understanding of the needs of the patients.

The newest weapons in our fight against this disease are receptor specific drugs that specifically target the breast cancer



cells, developed through advances in molecular biology, such as Trastuzumab, which are useful for certain kinds of breast cancers. We hope that with better understanding of the molecular biology of these tumours, more specific drugs may be developed that will allow complete non surgical treatments in the future. Till such a time early detection through awareness, self examination and if possible national screening programs remain our greatest ally in defeating this disease that causes considerable hardship to young women and their families who depend on them. The

social prejudices associated with personal symptoms and the embarrassment often results in a delay in seeking help. It is often this delay that makes the difference to the lady's health or in some cases, her life.

Let us dispel fear through knowledge and help women dislodge this unwelcome guest from their lives and support them in the same way that they enrich our lives everyday through their reassuring presence, love and kindness.

For public awareness





On the occasion of National Ayurveda Day, Arogya Bharati honoured Dr. Jayaprakash Madhavan, Senior Radiation Oncologist, KIMSHEALTH Cancer Centre in presence of Mr Vinod Y R - Group Head(Marketing) KIMSHEALTH



What causes diseases?

Ancient beliefs still plague our understanding of disease. Some of us may believe diseases are caused by evil spirits and black magic. Primitive medicine claims that derangement in gas, bile, and phlegm, or changes in, energy distribution, electrical flow, and magnetic fields or lack of faith cause diseases. In modern times, these beliefs are perpetuated by people with vested interests. Beliefs in miracle cures, supplements, herbal medicines, tonics, exorcisms, and alternative medicines end in disastrous consequences for people with serious ailments that could have been easily managed with science based medicine.

Psychological factors play a role in our wellbeing. This, along with our dependence on false beliefs is a fertile ground for easy exploitation by ruthless conmen, faith healers, charlatans, and quacks. Alternative medicine is big-business. One can find any number of expensive, spurious products in any pharmacy or any number of flashy alternative medicine clinics in a metro. We don't have alternative work shops for cars. We don't have faith pilots flying our planes. We do not teach alternative physics, chemistry, or mathematics any longer. Psychological manipulation will not work in the real world. It works only with our minds and we all have one.

We have now, a fairly good understanding of how our bodies work and what causes diseases. There are diseases which we do not know the cause of, and diseases we do not have a cure for, but there are hundreds of diseases that we understand and can treat, even at the molecular or genetic level. We now know mostly what works and what does not with our bodies. We also have enough and more diseases which we are not in control of. We do not need false beliefs and false remedies to add to that. Almost all positive responses to alternative medicine are due to the placebo effect. People felt better because they thought the treatment would work. What a lay man needs however, is a basic understanding of preventable diseases and how to address them effectively.

Diseases are caused by many factors. Those caused by genetic, congenital, degenerative, immunologic, metabolic, neoplastic, environmental, psychogenic, and idiopathic factors cannot be prevented, but they are a minority and can be treated and

controlled to varying degrees. There are diseases that we can prevent. These are the majority of diseases we encounter daily. Most infectious, nutritional, and lifestyle diseases can be prevented or cured with the appropriate measures or medicines. This is evident in the dramatic increase in the health status and life expectancy we have attained in the past century.

There was a time when epidemics and starvation decimated entire populations. Nowadays, most morbidity and mortality are due to over nutrition and inappropriate lifestyle. Lifestyle diseases like Obesity, Diabetes, Hypertension, Dyslipidemia, Coronary Heart Disease, Stroke, Atherosclerosis, many Cancers, Liver, Kidney, and Heart Failure, high Uric acid, some kinds of Arthritis, Back pain, Gall stones, Sleep apnea, many Pregnancy complications, and some Sexual disorders, are largely preventable. Not only do these ailments drain our wallets, they decrease the quality and span of our lives considerably.

However, in modern medical practice, majority of the patients present with one or more of the above preventable, lifestyle diseases, especially after the age of forty. Younger people and even children are being increasingly diagnosed with obesity, metabolic syndrome, diabetes, hypertension and heart disease. Sedentary habits, calorie dense fast-food, pastries and sugary drinks are accepted as a norm for most children. Consider the millions of dollars spent on advertisements targeting children to adopt this lifestyle and the billions more spent to treat the diseases it causes when they grow up.

In this internet age, both knowledge and nonsense are easily spread and assimilated. For the lay man, getting factual information is not easy. Scammers and spammers spread huge volumes of disinformation fleecing gullible patients. Staying informed is vital. Websites like <http://www.webmd.com/> which give current, factual health information to the lay man are few.

Modern medicine too has fallen prey to greed and unethical practices. New research and studies are increasingly funded by drug companies. Priorities and results are thus biased. Even government policies are influenced by these corporates to suit them.





When faced with a serious illness it is prudent to read up, and always get second opinions from competent doctors. It becomes more and more important for the general population to understand what causes diseases and know how to prevent them. They should take control of those aspects of their lives they can instead of being taken for rides by crooks.

Numerous patients with uncontrolled diabetes, hypertension, and dyslipidemia present with end stage disease and had never

started treatment or stopped it because they were misled. Some of them had renal failure and others, a stroke or heart attack which remained undiagnosed. These complications are irreversible and will reduce the quality and span of life drastically. These could have been prevented by timely, appropriate treatment.

For public awareness



B2B partners excellence meet: Inauguration by Shri. Thiruvanjur Radhakrishnan MLA in presence of Dr. M I Sahadulla - CMD KIMS Group, Dr. Sona PR, Municipal Chairperson Kottayam Shri. George Pullattu - Chairman Ettumanoor Municipality Adv. Sebastian Kulathunkal, District Panchayath President, Kottayam, Shri. V.N Vasavan, Mr. Sabu Thomas, MG University Vice Chancellor Dr. Suhas Aradhye - GCOO, Mr. Sanjay Gwalani - Administrator, KIMS Kottayam Dr Shaji K Thomas - Medical Superintendent, KIMS Hospital Kottayam Ms. Merin J Palamattom - Manager, Healthcare Promotions, KIMS Kottayam



Street play programme in association with Baselius College Kottayam





The RINGING and ITCHING ear: The Corona effect

As the novel coronavirus pandemic ensues, our daily lives have shifted dramatically. Gathering in the office and attending social events have been paused, and our “new normal” has led to a more isolated atmosphere. Yet adding to the list of unprecedented challenges, few new complications has surfaced: an increase in claims of “ears ringing” otherwise known as tinnitus and “ear itching” with subsequent infection known as otitis externa.

Tinnitus (Ringing Ear)

Tinnitus is when an individual hears a continuous noise internally, originating in either ear, both ears or a central location within the head. These noises are characterized by sounds of ringing, buzzing, chirping, humming, or even hearing “crickets.” Technically, tinnitus is caused by a change in hearing and can be both a condition and a symptom of an underlying problem—such as untreated hearing loss. The three main catalysts for this condition are hearing loss, lack of auditory input or a change in hearing.

Why Ears are Ringing During the COVID 19 (Fig 1)

Clinically, ENT physician have seen a rise in inquiries from patients about their ears ringing during COVID-19, and this may be due to increase is because of pandemic-related lifestyle changes. Similarly, there have been reports of tinnitus and hearing loss associated with contracting COVID-19. The reason for this uptick is multifactorial. Because we now spend so much time at home, interact with less people and work remotely, there



Fig. 1 - Tinnitus during COVID

are far fewer environmental sounds to mask tinnitus. Without as many distractions, people are more aware of their surroundings, and subsequently are aware of intrinsic sounds. Aside from potential underlying conditions, tinnitus can also be triggered by environmental factors such as stress, anxiety, and lack of quality sleep. It is hard to know which comes first, but there is definitely a two-way relationship. It could be a lot of anxiety that causes tinnitus, or the other way around, that the difficulties experienced living with tinnitus may lead to anxiety and depression.

Researchers have conducted a mixed-methods exploratory cross-sectional study using information gathered from an online survey of people with tinnitus from 48 countries, primarily in North America (49%) and Europe (47%). Responses from 3,103 participants were included in the study, seven of whom reported that their tinnitus was initiated by COVID-19. The researchers found that 40% of respondents with COVID-19 symptoms reported that these symptoms significantly exacerbated their tinnitus, while 54% reported no change in tinnitus symptoms, and 6% reported that their tinnitus improved. Additionally, 32% of participants reported that other factors such as social and emotional effects stemming from the COVID-19 pandemic made their pre-existing tinnitus more bothersome.

Due to the influx of reports of tinnitus and hearing loss associated with contracting COVID-19, there is a need for further research in this area. In theory, COVID-19 could cause problems with parts of the auditory system. Viral infections, including the Herpes viruses, rubella, cytomegalovirus, measles and mumps are all known to affect the hearing and/or balance system – and this could be the same with SARS-COV-2. However, more research is needed to identify whether there is a link between COVID-19, tinnitus and hearing loss, and the mechanisms behind this possible association.

Common techniques and strategies used to mitigate tinnitus symptoms are environmental masking, such as using a white noise masking, thus avoiding total silence, and staying mentally engaged. Distracting your mind with small activities and apps for guided relaxation can help redirect your brain’s attention.





There are also several support groups available offered by the American Tinnitus Association if you are finding it hard to cope alone.

Itching ear (Otitis externa)

With the Covid-19 pandemic forcing professionals to work from home and students to attend classes online using earphones, ENT doctors are now getting consulted by more and more patients with complaints of pain, irritation, and infection in the ears. The use of headphones and earpods for long hours during work from home or online classes during the pandemic has resulted in increasing ear infections as well as itching.

In the new normalcy post COVID, work at home and online classes are a dictum and most of them are working for more than eight hours wearing headphones. This is putting a lot of stress on their ears and unsterilised earpods or earplugs could spread infection. Also, continuous listening at higher sound volume for long hours is detrimental to hearing. This results in high frequency hearing loss which can in turn cause ringing in your ears. According to a 2011 study published in the Journal of the American Medical Association, the use of earphones has led to a major increase in the prevalence of hearing loss in adolescents and young adults.

Why ear infections are increasing during COVID 19

The ear canals need ventilation, EarPods block air from entering the ears and prepare a fertile ground for bacteria and fungus to grow. To get rid of it, people clean up the wax and end up pushing wax deeper. The left-over dry wax leads to accumulation and leads to infection of ear canal called otitis externa. The hard shells of the ear pods as well as stress on pinna due to face masks on prolonged contact can also hamper the blood supply, making the ear cartilage prone for infections. Pricking of ear with pins and matches can remove the ear wax which itself is a protective barrier for infection.

How to avoid ear infections (fig 2)

- Listening to music on the earphone should be done at a

maximum of 70-80 decibels, otherwise it can lead to hearing impairment. Always try and remove the earphones every 30 minutes. Also, it is preferable to use headphones over earpods as the latter is closer to the eardrum and tends to do bigger damage when used for a long period of time.



Fig.2 - Otitis externa during COVID
Courtesy TNN | Nov 23, 2020

- Avoid ear picking /self-cleaning of ear.
- The easiest way to avoid otitis externa is use a hair dryer to dry the ears after a bath. "While using earphones, sterilise and dry them with spirit or sanitizer
- Avoid exchange of ear pods as it can result in cross infections.

Author

Dr. Abhilash Alex Francis

ENT Head and Neck Surgeon

KIMSHEALTH AI-Shifa Super Speciality Hospital



Post Covid Care Clinic പോസ്റ്റ് കോവിഡ് കെയർ ക്ലിനിക്ക്



Post Covid Clinic inaugurated by Shri. Manjalamkuzhi Ali, MLA Perinthalmanna







Coronavirus Infection and Pregnancy

Novel coronavirus (SARS-COV-2) is a new strain of coronavirus causing COVID-19, first identified in Wuhan City, China.

TRANSMISSION - COVID-19 globally has evidence of human to human transmission. This virus spreads readily, through respiratory, fomite or faeces.

Expert opinion is that the fetus is unlikely to be exposed during pregnancy. Transmission is therefore most likely to be as a neonate. There is currently no evidence concerning transmission through genital fluids.

Effects of corona virus on mother—Pregnant women do not appear to be more susceptible to the consequences of coronavirus than the general population but are more vulnerable to getting infections than a woman who are not pregnant and large majority of pregnant women will experience only mild or moderate cold/flu like symptoms. More severe symptoms such as pneumonia appear to be more common in older people, asthmatics and those with weakened immune systems or long-term conditions. There are no reported deaths of pregnant women from coronavirus at the moment.

Effect on the fetus —As there is no evidence of miscarriages, intrauterine fetal infections or congenital anomalies with COVID-19 There are case reports of preterm birth in women with COVID-19 either iatrogenic, or spontaneous.

What can be done to reduce my risk of catching coronavirus? The most important thing to do is to wash hands regularly and effectively. There is useful advice and the best way to reduce any infection risk, not just for coronavirus, but for other things like colds and flu.

Advice for health professionals to share with pregnant women.

Travel advice for pregnant women- All women should follow the advice of the government on travel and should have travel health insurance. All women exposed to COVID 19 or having travelled to areas with increased risk of corona virus should contact health care team.

Diagnosis of COVID-1

Diagnosing coronavirus infection is changing rapidly. At the current time, test for coronavirus, advised to self-isolate and diagnostic swabs will be arranged. Currently, the test involves swabs being taken from mouth and nose, asked to cough up sputum, a mixture of saliva and mucous.

Advice regarding self-isolation - if Pregnant women think they have coronavirus or have come in contact with someone having corona virus they should self-isolate should stay indoors and avoid contact with others for 14 days.

because: Of contact with someone who has coronav or visiting a particular area or country with a high-risk of coronavirus.

- having symptoms suggestive of coronavirus and are waiting to be tested, or for your results.
- having tested positive for coronavirus and have been advised to recover at home.

Pregnant women who are due to attend routine maternity appointments should contact their maternity care provider, to inform them that they are currently in self-isolation for possible/confirmed COVID-19, and get information.

General advice for services providing care to women with suspected or confirmed COVID-19, in whom hospital attendance is necessary.

Women should be advised to attend via private transport where possible or if an ambulance is required, the call handler should be informed that the woman is currently in self-isolation for possible COVID-19.

- Women should be asked to alert a member of maternity staff to their attendance when on the hospital premises, but prior to entering the hospital.
- Women should be met at the maternity unit entrance by staff wearing appropriate PPE and provided with a surgical face mask (not FFP3 mask). The face mask should not be removed until the woman is isolated in a suitable room.





Rooms should have negative pressure in comparison to the surrounding area, if available.

- Only essential staff should enter the room and visitors should be kept to a minimum.
- Remove non-essential items from the clinic/scan room prior to consultation.

Women presenting for care with unconfirmed COVID-19 but symptoms suggestive of possible infection.

Maternity departments should place a system for identification of potential cases as soon as possible to prevent potential transmission to other patients and staff until test results are available, they should be treated as though they have confirmed COVID-19.

Pregnant women may attend for pregnancy reasons and have coincidental symptoms meeting current COVID-19 case definition, maternity staff must first follow IPC guidance. This includes transferring to an isolation room and donning appropriate PPE. This can be time consuming and stressful for patients and health professionals. Do not delay obstetric management in order to test for COVID-19.

Further care, in all cases, should continue as for a woman with confirmed COVID-19, until a negative test result is obtained.

Attendance for routine antenatal care in women with suspected or confirmed COVID-19.

Routine appointments for women with suspected or confirmed COVID-should be delayed until after the recommended period of isolation unless emergency.

Women who develop new symptoms during admission (antenatal, intrapartum or postnatal).

There is an estimated incubation period of 0-14 days (mean 5-6 days); an infected woman may therefore present asymptotically, developing symptoms later during an admission. Health professionals should be aware of this possibility, particularly those who regularly measure patient vital signs (e.g. Health Care

Assistants). Local guidance should be available on whom to contact for further assessment of the patient in the event of new onset respiratory symptoms or unexplained fever.

Women attending for intrapartum care with suspected/confirmed COVID-19 and no/mild symptoms.

Attendance in labour - All women should be encouraged to call the maternity unit for advice in early labour. Women with mild COVID-19 symptoms can be encouraged to remain at home (self-isolating) in early (latent phase) labour as per standard practice.

Due to potentially increased risk of fetal compromise in women infected with COVID-19. The woman should be advised hospital delivery.

Once settled in an isolation room, a full maternal and fetal assessment should be conducted to include:

- Assessment of the severity of COVID-19 symptoms should follow a multi-disciplinary team approach including an infectious diseases or medical specialist.
- Maternal observations including temperature, respiratory rate and oxygen saturations.
- Confirmation of the onset of labour, as per standard care. If labour is confirmed, then care in labour should ideally continue in the same isolation room.
- Electronic fetal monitoring using cardiotocograph (CTG).
- If the woman has signs of sepsis, investigate and treat accordingly.

Care in labour

- When a woman with COVID-19 is admitted to the Delivery Suite, the following members of the multi-disciplinary team should be informed: consultant obstetrician, consultant anaesthetist, midwife-in-charge, consultant neonatologist and neonatal nurse in charge.
- Efforts should be made to minimise the number of staff members entering the room and units should develop a



local policy specifying essential personnel for emergency scenarios.

- Maternal observations and assessment should be continued as per standard practice, with the addition of hourly oxygen saturations.

Aim to keep oxygen saturation >94%, titrating oxygen therapy accordingly.

- If the woman has signs of sepsis, investigate and treat accordingly.
- continuous electronic fetal monitoring in labour.
- cesarean section done for obstetric indications only.

Mode of birth should not be influenced by the presence of COVID-19, unless the woman's respiratory condition demands urgent delivery.

- There is no evidence that epidural or spinal analgesia or anaesthesia is contraindicated in the presence of coronaviruses.

If Entonox is used then the breathing system must contain a filter to prevent contamination with the virus (< 0.05µm pore size)

In case of deterioration in the woman's symptoms, individual assessment regarding the risks and benefits of continuing the labour, versus proceeding to emergency caesarean birth if this is likely to assist efforts to resuscitate the mother.

For Category 1 CS, donning PPE is time consuming. This may impact on the decision to delivery interval but it must be done. Women and their families should be told about this possible delay.

- Shortening the length of the second stage of labour with elective instrumental birth in a symptomatic woman who is becoming exhausted can be made.

General advice for obstetric theatre

- Elective procedures should be scheduled at the end of the operating list.
- Non-elective procedures should be carried out in a second

obstetric theatre, where available, allowing time for a full post-operative theatre clean.

- The number of staff in the operating theatre should be kept to a minimum, all of whom must wear appropriate PPE.
- All staff (including maternity, neonatal and domestic) should have been trained in the use of PPE so that 24 hour emergency theatre use is available and possible delays reduced.

Elective caesarean birth

- Provide epidural or spinal anaesthesia as required and to avoid general anaesthesia unless absolutely necessary.
- If general anaesthesia is needed, either for pre-existent reasons such as coagulopathy, because of urgency or because of the mother's medical condition, the advice is as follows:

In symptomatic women an individual assessment should be made to determine whether it is safe to delay the appointment to minimise the risk of infectious transmission to other women, healthcare workers and, postnatally, to her infant.

Anaesthetic management for symptomatic women should be to: Use of PPE causes communication difficulties, so an intubation checklist must be used.

Rapid sequence induction as per usual practice ensuring tight seal during pre-oxygenation so as to avoid aerosolisation.

Videolaryngoscopy by most experienced anaesthetist available.

In case of difficult intubation, plan B/C is to use a supraglottic airway, plan C is to use FONAscalpel-bougie-tube.

The anaesthetist performing intubation is likely to get respiratory secretions on their gloves. They should consider wearing a second pair of gloves for the procedure, and remove once the ET tube is secured, or if necessary, remove the gloves, wash hands and re-glove, whilst keeping the rest of the PPE on.

Determine position of tube without using auscultation – chest wall expansion R=L, End Tidal CO₂.

Departments should consider running dry-run simulation exercises to prepare staff, build confidence and identify areas of concern.



Planned induction of labour-If induction of labour cannot safely be delayed, the general advice for services providing care to women admitted to hospital when affected by suspected/confirmed COVID-19 should be followed. Women should be admitted into an isolation room, in which they should ideally be cared for the entirety of their hospital stay.

Additional considerations for women with confirmed COVID-19 and moderate/severe symptoms.

Recommendations specified for women with no/mild symptoms should be followed.

Women admitted during pregnancy (not in labour)

- A multi-disciplinary discussion planning meeting ideally involving a consultant physician (infectious disease specialist where available), consultant obstetrician, midwife-in-charge and consultant anaesthetist responsible for obstetric care should be arranged as soon as possible following admission. The discussion and its conclusions should be discussed with the woman.

Key priorities for medical care of the woman;

Most appropriate location of care (e.g. intensive care unit, isolation room in infectious disease ward or other suitable isolation room) and lead specialty;

Concerns amongst the team regarding special considerations in pregnancy, particularly the condition of the baby.

Particular considerations for pregnant women are:

Chest X-ray and CT of the chest. should be done by abdominal shielding if required.

Fetus should be monitored with CTG

Cesarean section done only of obstetric indication.

An individualised assessment of the woman should be made by the MDT team to decide whether elective birth of the baby is indicated, either to assist efforts in maternal resuscitation or where there are serious concerns regarding the fetal condition.

The priority must always be the wellbeing of the mother.

Corticosteroids should be given where indicated for fetal lung maturity and this should not delay urgent deliveries.

Women requiring intrapartum care

- The neonatal team should be informed of plans to deliver the baby of a woman affected by moderate to severe COVID-19, as far in advance as possible.
- With regards to mode of birth, an individualised decision should be made.

Caesarean section should be performed if indicated .

- Given the association of COVID-19 with acute respiratory distress syndrome, women with moderate-severe symptoms of COVID-19 should be monitored using hourly fluid input output charts, and efforts targeted towards achieving neutral fluid balance in labour, in order to avoid the risk of fluid overload.

Postnatal management

Neonatal care -All babies of women with suspected or confirmed COVID-19 need to also be tested for COVID19 and will have ongoing neonatal surveillance after discharge.

women with confirmed coronavirus can be advised to separate from their baby for 14 days and this may have potential negative effects on feeding and bonding.

Infant feeding -At the moment there is no evidence that the virus can be carried in breastmilk, so it's felt that the well-recognised benefits of breastfeeding outweigh any potential risks of transmission of coronavirus through breastmilk.

A discussion about the risks and benefits of breastfeeding should take place between mother and her family and maternity team and neonatologist and care can be individualized.

This guidance may change as knowledge evolves.

If mother chooses to breastfeed baby, the following precautions are recommended:

- Wash your hands before touching your baby, breast pump or bottles.



- Wear a face-mask for feeding at the breast.
- Follow recommendations for pump cleaning after each use
- Consider asking someone who is well to feed expressed breast milk to baby.

Discharge and readmission to hospital- Any mothers or babies requiring readmission for postnatal obstetric or neonatal care during the period of home isolation due to suspected or confirmed COVID-19 are advised to call the health care team and follow the attendance protocol. The place of admission will depend on the level of care required for mother or baby.

Advice for services caring for women following recovery from confirmed COVID-19-

Antenatal care for pregnant women following confirmed COVID-19 illness.

Further antenatal care should be arranged 14 days after the period

of acute illness ends. This 14-day period may be reduced as information on infectivity in recovery becomes available. Referral to antenatal ultrasound services for fetal growth surveillance is recommended 14 days following resolution of acute illness. Although there isn't yet evidence that fetal growth restriction (FGR) is a risk of COVID-19, two thirds of pregnancies with SARS were affected by FGR and a placental abruption occurred in a MERS case so ultrasound follow-up seems prudent.

References

- 1) RCOG -Corona virus infection in pregnancy-version 1 published Monday 9th march 2020 and 13th march 2020.
- 2) RCOG -Patient information on corona virus in pregnancy.

Author

Dr. Sailaja Kaza
Specialist, Obstetrics & Gynaecology
KIMSHEALTH Medical Center, Dubai



Dubai - Blood donation campaign conducted in association with Dubai Health Authority



Understanding Appendicitis

Appendicitis is a medical emergency. Acute appendicitis occurs owing to negligence. People seek treatment at the last moment. That is why experts suggest not to ignore symptoms such as pain, vomiting and continuous constipation.

Appendicitis is a serious illness, and can be life-threatening, if it is not treated in time.

Neglected appendicitis can lead to perforation of appendix with general peritonitis and abscesses. Often, it can be life threatening, and only early reporting to the hospital can save the patient.

Treatment of acute appendicitis is urgent appendectomy. It means urgent removal of the appendix. This can be done by open surgery or laparoscopic surgery. Laparoscopic is now considered better as it requires short stay in hospital and early return to work. However, all cases cannot be done laparoscopically.

Appendicitis is common among all age groups. Technically speaking, appendicitis is inflammation of appendix (a tube-shaped sac attached to, and opening into the lower end of the large intestine in humans and some other mammals) which is

a finger like tubular structure at the beginning of large intestine. It typically presents in later childhood, teenage years, young adults, but can occur at any age from infant to very old age.

Appendicitis can result from lumen obstruction, (faecolith, foreign bodies, worms etc.) and infections at other sites (blood born). Symptoms of appendicitis include central abdominal pain (moving to right lower quadrant), vomiting, fever, loss of appetite, diarrhoea, etc. General anaesthesia for laparoscopic surgery and spinal anaesthesia for open surgery are recommended. Laparoscopic surgery requires 2 of 3 days only for recovery. Best ways and precautions to avoid appendicitis include diet rich in fibre contents, with sufficient fluid intake and avoiding constipation.

Acute appendicitis is considered to be the most common cause of abdominal pain and distress in children and teenagers worldwide. Acute appendicitis develops very fast and is much similar to detect, in most cases it requires immediate surgery.

For public awareness



KIMS Bahrain Healthcare (KBH) has officially opened its fourth healthcare institution in Bahrain – KIMS Bahrain Medical Centre (KBMC) in Muharraq-The occasion was also graced by H. E. Kai Thamo Boekmann, Ambassador



Breast Cancer awareness & screening at DHL



Breast Cancer awareness & screening at Duty free



KIMS Bahrain Medical Centre (KBMC) Askar.

The soft opening of KBMC Askar, was attended by Dr Sheriff Sahadulla-Group Chief Executive, Mr. Ahmed Jawahery-Chairman KBMC chairman and President Royal Bahrain Hospital (RBH) and Mr. Jacob Thomas-Executive Director-GCC Operations & Projects

The centre is equipped with general clinics, in addition to facilities and services such as X-ray, laboratory and pharmacy and will provide services of general medicine and urgent care.

It will also provide, on a visiting basis, services of specialist doctors in orthopaedics, general surgery, internal medicine dermatology and others.



KIMS Bahrain Medical Centre - Askar Opening

January 5, 2020

KIMS Bahrain Medical Centre - Askar

KIMS
BAHRAIN
MEDICAL CENTRE



مركز
كيمز البحرين
الطبي

EXPERTISE & EXCELLENCE



On cutting off a man's leg

It took three hours and a half to cut off the leg. We fashioned flaps of skin, tied down vessels and nerves, cut through muscle to bone, divided the femur with a saw, then detached the limb from its owner. All we needed to do now was remove the steel Kuntcher nail which protruded half a foot out from the stump.

The K nail had been implanted sixteen years ago and didn't want to come out. We used a hack-saw blade on it finally, more a blacksmith's job than a surgeon's, and cut it level with bone. We sutured the flaps together to finish our surgery, an above-knee amputation. Half our time had been spent with the nail, first trying to extricate it, then cutting it off.

Amputation is ancient. It was life saving in pre-modern days because most injuries became infected. There were no antibiotics. The surgeon's job was to prevent infection from spreading. Speed was crucial. There was no anesthesia. Strong men held the patient down as the surgeon worked. There was no blood transfusion either. The surgeon had to be fast, MGR with flashing sword, hand faster than the eye could see.

Robert Liston, whose average time for an above knee amputation was two and a half minutes, holds the world record at twenty eight seconds. Incision to closure, skin to skin, twenty eight seconds.

At such speeds finer points are blurred and pass by in a flash of knife and scissors. Speed thrills but kills as the wise road sign says. Liston holds another record, that of the surgeon who has killed the most number of people in a single surgery. The patient died, a lot of them did, but less commonly also the assistant whose finger Liston cut off during the melee. The finger became infected and the assistant died of it later. The third to die was a spectator who collapsed watching the scene. Surgery was theatre. One could, if so inclined, go to the nearest operating room and watch the masters at work.

Things are tamer today. From spectator sport surgery has transformed into the most secret of performing arts, conducted within darkened rooms under overhead lamps, witnessed by

no more than a few of the chosen. Complex procedures can be done with abundant time safely, under anesthesia.

We do our above knee amputation at leisure, and look before we cut instead of vice versa. We try not to cut off the patient's testicles with his leg. Liston did that once, another record. He was a force of nature.

Amputation is in disfavor now. Limb salvage is the flavor of the day and we rescue extremities which have gone through the worst travails of modern existence, trapped within cement mixers, shattered in high speed motorcycle accidents, run over by massive trucks. These are truly mangled extremities, with crushed bones, ripped off arteries and severed nerves. But we have technology today. We can salvage these limbs routinely with superb plastic surgery and can restore near normal function, something unthinkable just half a century ago.

But some of these limbs survive only partially. Joints become fixed and immobile in abnormal positions. Nerve function may not recover and the limb may become insensate. In the worst cases bones become infected and do not unite, an infected non-union, and the patient carries his limb around like a ball and chain. We get to see such patients often, five, ten, fifteen years and ten, twenty, thirty surgeries down the line, still in terrible pain, still unable to walk. Years after their injury these people are wrecks, not just physically but mentally and financially as well.

Meanwhile technology has advanced such that artificial limb prostheses have become better than normal limbs, look at Oscar Pistorius. One can get a patient to walk a week after amputation with one of these. But it is a difficult call, advising amputation to a patient who has invested ten years and a fortune into the project of saving his limb. There was a recent patient with an infected non-union of many years who became angry, almost violent, when told that the best treatment option was an amputation. He wheeled off in a huff, leaking pus all the way, and never came back. He must still be spending time and money on that leg now, firmly attached to it until death does them apart.





There is considerable stigma about being one-legged in our parts, something which, is not so much of a problem in the west. We once had a patient who arrived with a neuropathic ankle joint, a complication of diabetes. This is a flail joint which is useless for normal function. He walked with his leg in a heavy metal and leather contraption devised by a local shoe smith. He wished to walk normally and my boss who was always ready for a challenge put an enormous steel construct on the leg guaranteed, he thought, to stabilize any joint in the world, neuropathic or not. It failed- neuropathic joints do not usually fuse- and in a month most of his protein had exited the wound as pus. He was a tall broad shouldered man when he came, very fit except for the ankle. Six months after our treatment he looked like an Auschwitz survivor following an orgy of medical experimentation. My boss had had enough by now and told him that an amputation was the only way out. The patient refused. He was a big man in his home town, he said, and would lose all prestige if he had only one leg. We have good scoring systems now which can guide us to an amputation immediately after an injury, but it is difficult to convince people. Doctor Cuts Off Accident Victim's Legs As Soon As He Came In, would scream the news channels and social media. Many doctors are wisely circumspect and give the

patient a chance to keep his limb. But six months pass, and six surgeries, and by then both the patient and the surgeon have put in too much time and effort into saving the limb. We will give it one more try, they decide, and continue the same weary rituals. Not an easy decision, for the patient or the surgeon.

Our patient had injured his limb in a road accident sixteen years ago. He had fractures all over the right leg. The femur had fractured, the tibia had come out through the skin and a piece of fibula had been lost in the street. He proceeded to have thirty surgeries in the next sixteen years. The femur united with the K nail. The tibia gave up the ghost after a while. The leg was a mess, scarred with incisions, pus pouring from multiple sinuses. He had arrived with a high grade fever and was in so much pain he couldn't lie down. He spent three days and nights on a wheelchair before finally agreeing to an amputation. The infection was spreading, pus threatened to burst out through pockets in his tibia, and he was in danger of developing a septicemia.

The evening after the surgery, he lay in a festoon of tubes and leads and monitor beeps, smiling. It feels good, doctor, he said, the leg was my prison, I spent years in it. I can't thank you enough for cutting it off.

For public awareness



Jarir Medical Center opened In-house clinic at Bank Al Bilad Head Office





Breast Cancer Awareness Lecture



Focus Saudi National Campaign



KIDS Dental screening camp -for Riyadh Philippine international school students



Riyadh Tamil sangam annual program





Importance of camel milk

Camel milk is unique in its potential ability to help with allergies and autism, to mitigate autoimmune disease and diabetes and for heart and immune health. It has even been used around the world as a supplement to breast milk.

Cows, goats and other similar animals are hoofed animals. Camels have toes (only two, made of a single bone) and both their foot structure and the proteins in their milk are dramatically different than milk from hoofed animals.

Camel milk does not contain the same proteins that people are often allergic to in cow's milk. It does not contain A1 casein and lactoglobulin and is usually well tolerated by those with dairy allergies.

It has higher amount of protein and same amount of carbohydrates as regular cow's milk, but impacts blood sugar differently.

Camels produce milk that is naturally low in fat (only 2-3%).

Also unlike cow milk, the fats produced by camels in their milk are completely homogenized naturally occurring Omega-3 fatty acids. This means that camel milk can be frozen and thawed without changing consistency. It also will not curdle or clot like cow's milk.

Camels produce very unique milk that has some rare beneficial properties. For one thing, it is high in potent immunoglobulin, powerful immune-boosting substances. The immunoglobulin in camel milk is smaller than human immunoglobulin and can more easily pass into tissues in the body.

This milk is also high in insulin, which improves its absorption and makes it suitable for diabetics.

Research has also found protective proteins in camel's milk that may be antiviral, anti fungal and antibacterial; it also contains much more iron and vitamin c than cow's milk. It contains high levels of immunoglobulin A and beneficial enzymes like lysozyme and lactoperoxidase, which are helpful to the body in fighting infection.

Not only is it considered a good dairy alternative for allergic individuals, but there is some research indicating that it may actually help reverse allergies.

Camel milk is nutritionally more similar to human breast milk than to regular dairy milk. For this reason, it has been used around the world as a supplement or replacement for breast milk in cases when mom was unable to nurse or baby needed extra milk. Camel's milk contains many of the same immune-protecting substances as human milk. It can be an effective supplement to breast milk for this reason.

Consider the natural habitat of camels. They survive with relatively little water and plant life for long periods of time. For this reason, camels need much less grazing area and can produce milk with a lower environmental impact.

Camels are important to various cultures, especially in the Middle East, for their ability to survive and even travel long distances with very little water. Camels can thrive even in areas where horses and cows would have trouble surviving at all.

The monounsaturated fats (especially oleic acid) present in camel milk give it some of the same benefits as olive oil. It also contains A2 beta casein, which is different than the A1 casein found in most dairy milk. The A2 beta casein in camel milk may be partially responsible for the heart and immune protective effects.

Researches indicate that the unique fatty acid profile in milk from camels is more beneficial to the heart and to maintaining healthy cholesterol levels.

Use of camel milk is showing amazing improvements in children with autism. Parents who have given their children camel milk have reported better sleep, increased motor planning abilities and spatial awareness, more eye contact, better language, as well as less gastrointestinal problems.

Much more research is needed to understand the way that camel dairy products may help with autism, but the real practical evidence is definitely encouraging.

Camel milk is bit expensive than cow's milk. Now it is available in many leading supermarket chains in Middle East and online in various parts of the world. Camel milk is salty when compared to cow's milk. It is available in various flavors, even laban, ice creams and chocolates made of camel milk are available.





Benefits of coconut water

Coconut water is sweet-water like juice found inside the interior cavity of a tender coconut. A tender coconut (about 5-6 months of growth) is full of water, and also very delicious and nutritious at this stage. However, a fully matured coconut (after 10 to 12 month of growth) does not contain much water and all the nutrients in the water would have absorbed by the kernel by then. Only the tender coconut water is nutritious and refreshing.

It is easy to cut open the top portion of the tender coconut to extract the water from within. Even the soft and thin kernel of the young coconut, which is in the initial stages of growth, is also delicious and healthy to eat.

This drink is 100% pure and very refreshing with its gentle sweetness.

Of course, it is most tasty and refreshing when the tender coconut is just freshly harvested from the tree. It loses its freshness in taste after one or two days of harvesting but won't get damaged for many days.

This natural drink is very healthy as it contains many essential nutrients. This natural drink is sweet and sterile; and contains sugar, minerals, amino acids, electrolytes, cytokine, enzymes, and phytohormones. It contains easily digestible carbohydrate in the forms of electrolytes and sugar. Coconut water is fat-free and low on calories. It contains a few good antioxidant properties as well.

All love this natural health drink from coconut for its refreshing effects, and it's excellent nutritional and medicinal value. It is undoubtedly one of the best natural thirst quenchers and a good refreshing drink, especially in the summer heat.

One cup of this drink contains about 250mg of sodium that helps to hydrate the body especially after sweating out a lot. The presence of electrolytes and minerals like calcium and magnesium in this drink can help the body to carry the electrical impulses.

This water contains a natural electrolyte composition that helps to hydrate the body during the times of dehydration and fluid loss due to heat, humid conditions, diarrhea, vomiting or excessive sweating. Also, the physical weakness arising out of dehydration

can also be mitigated with the help of carbohydrates present in this drink.

One of the studies published in 2012 in the Journal of the International Society of Sports Nutrition brought out the efficacy of the water extract from coconut to rehydrate the body just like any good sports drink does.

Since this natural rehydrating drink does not contain added chemicals unlike the sports drinks; it is healthy for the stomach and avoids health issues like acid-reflex, indigestion and gastroenteritis.

The coconut contains natural antioxidants, antifungal, antibacterial and antiviral properties beneficial for strengthening the immune system. The water-juice from coconut can combat the virus that causes common flu and cold. It is found that the regular consumption of this natural drink helps in removing bacteria causing urinary tract infections and gum diseases.

The water extract from coconut contains easily digestible carbohydrates that can give an immediate boost to the energy levels.

One of the best health benefits of coconut water is its natural diuretic effect. This health drink helps in a healthy amount of urine production and expulsion of toxin in the body through healthy urination. The potassium mineral present in this water helps to alkalize urine and dissolve certain types of kidney stones to flush them eventually out of the body. The antibacterial properties of this natural drink help to reduce the risk of bladder infections.

The coconut water, which has natural alkalizing minerals such as electrolytes, potassium, calcium, and magnesium, is capable of restoring healthy pH in the body. It helps in controlling acidity and heartburn that destabilizes the healthy acidic pH levels in the body.

The potassium and magnesium content in coconut water is good for reducing the blood pressure. The potassium can balance the negative effects of sodium that gives rise to blood pressure.

One of the study reports published in the West Indian Medical Journal in 2005 also indicated the efficacy of this natural refreshment drink to reduce hypertension.



The potassium mineral present in coconut water is good for getting rid of the excess sodium present in the body. The removal of excess sodium will result in reducing the excess water retention (water weight) in the body caused by sodium.

Lastly the antioxidant, anti-inflammatory and antiplatelet properties in this health drink help in purifying the blood and make the blood circulation smooth. These properties reduce the risk of heart attacks and strokes.

It is the best natural drink for hydrating the body; probably better than most sports drinks out there.

It is also 100% pure and free of any side effects on health.

Author

Ms. Jishy Seby
Clinical Dietician
KIMS Oman Hospital





Medical checkup camp



Awareness class on Corona virus

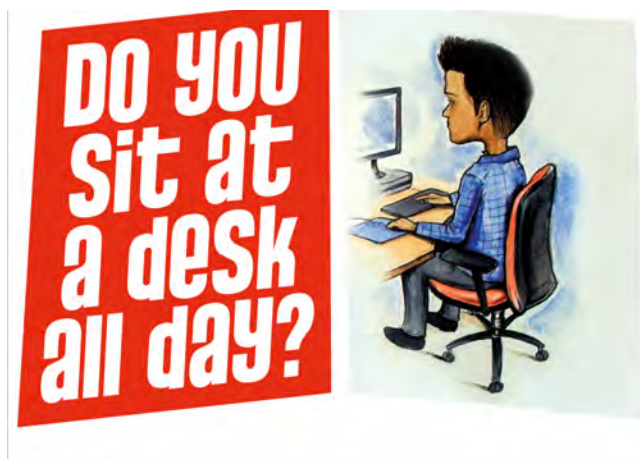




Common health risks of office jobs

Do you sit at desk all day

Now a days sitting on desk is need of every job. Apart of jobs people sit at laptops, mobiles, tablets and also use atm machines and other wending machines in which they use typing



All these involves stress to

1. Muscles of body
2. Eye strain
3. Hand(wrist and elbow strain)
4. Back strain(spine)
5. Mental stress

Some of common injuries happen at work is due to

1. Physical stress and strain to muscles and joints
2. Sitting in same position long time
3. Making repetitive same movements
4. Overuse

All these leads to stress and strain to muscle, nerves,tendon, joints and blood vessels leads to certain symptom which may be mild to severe in nature. Symptoms maybe in the form of

1. Pain: it may occur in back, hand, wrist, neck, shoulder,hip or knees as shown inpicture. It may be due to strain in muscles and joints



2. Numbness:

Stress and strain to nerves leads to numbness which commonly occur in

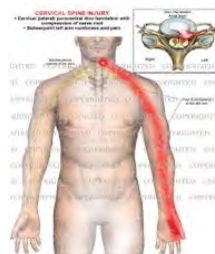
- A. Arm and shoulders (cervical muscle nerve strain)
- B. Hand and fingers (carpal tunnel syndrome)
- C. Feet and lower limb (sciatic nerve strain)

Now we will discuss various muscles and nerves strain and how to relive pain as a prophylatic (first level of treatment)

Cervical muscle strain

In this we may feel

- A. Numbness in both upper arm
- B. Weakness in upper limb
- C. Neck stiffness





Exercise to relives cervical muscle strain



Muscles, nerves of hand and fingers (carpaltunel syndrome)

In this we will feel

1. Pan in hand



2. Specifically numbness and pain occurs thumb, index and middle finger it may be due to repeated typing in wrong position



Carpal Tunnel Syndrome Exercises



Prophylatis exercise to reduce nerve strain at wrist

Muscle, nerves of feet and lower limb (sciatica nerve strain)

- Numbness in lower limb
- Low back pain
- Stiff back

These are the common symptoms occurs

While sitting in wrong position due to

Compression of sciatica nerve





Causes of sciatica

- Over weight or obesity may trigger your sciatica
- Tight jeans and underwear
- Putting stress on yourself
- High heels and non-couhioned shoe may trigger your sciatica
- Wallet, cellphones and credit cards in your back pocket

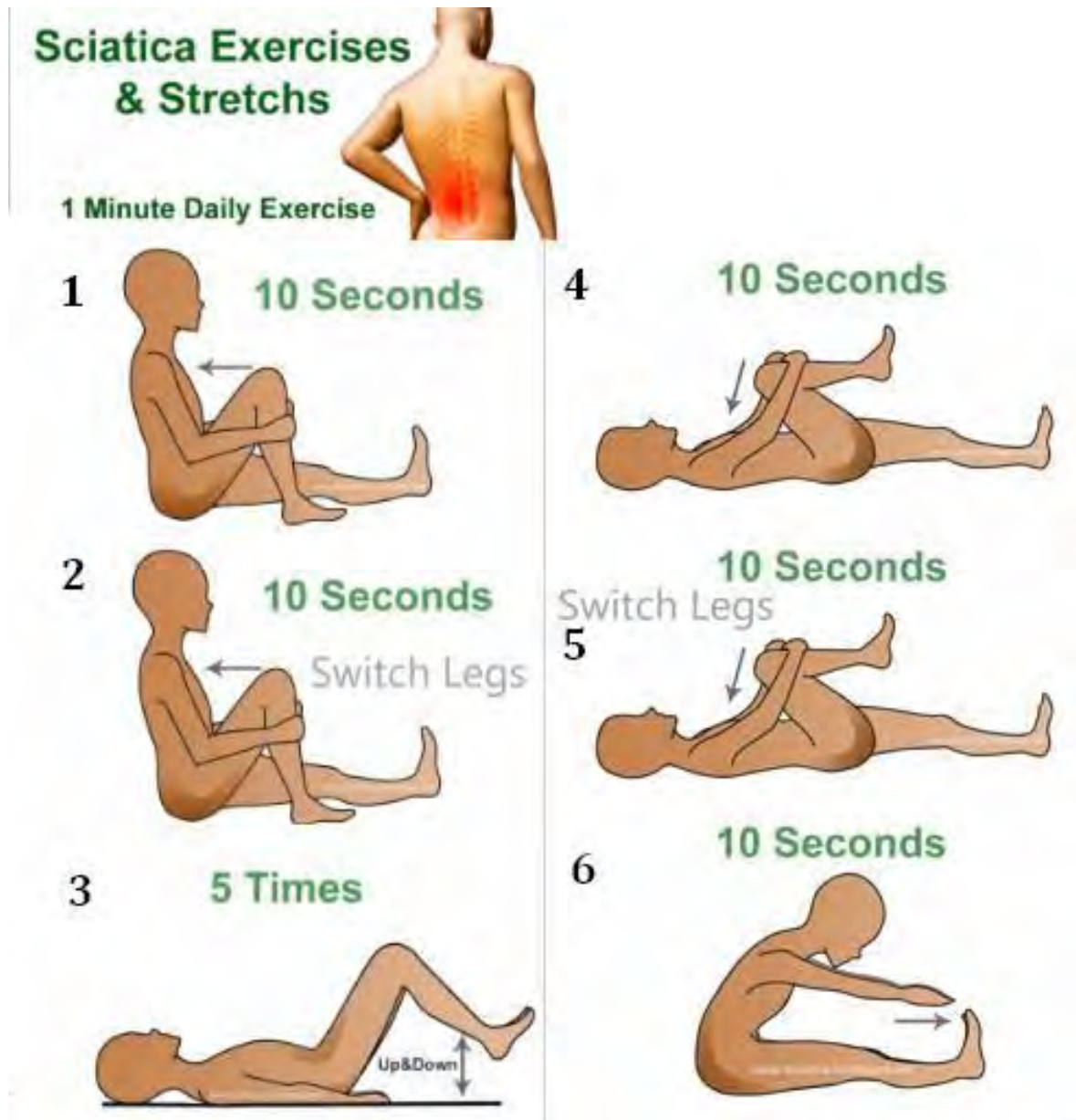
Prophylatic exercise to reduce sciatic nerve strain

These are the few stress and strain occur due to continuos

work on desk top or other electronic gadgets. Preventions can be done by above exercise and taking precautions. These to be tried for week if not improving you should consult doctor for further investigations and treatments as may be other pathology with causing above symptoms. Some time that's maybe serious condition which should be diagnosed early.

Author

Dr.Shamsher Singh
Orthopaedician
KIMS Qatar Medical Centre





KIMS Qatar Medical Centre launched its second branch in Qatar: Barwa City Clinic

World Obesity Day
4th March, 2021

Giving weight to **Obesity Awareness.**



According to WHO, obesity is an issue that has grown to epidemic proportions. We aim to bring awareness to the health implications of obesity and the lifestyle changes that one should make to gain a healthier life.

Here are a few do's and don'ts to maintain your BMI.

Do's

- Exercise for a minimum of 60-90 minutes per day
- Stay hydrated
- Adopt a healthier diet
- Get adequate sleep

Don't's

- Smoking
- Empty calories and excess carbohydrate-rich foods
- Skip doctor consultations
- Neglect mental health



Breast cancer awareness camp by Dr. Jagjeet at Oryx Rotana



Breast cancer awareness camp at Corporate Nestle



Heat Stress class for hyundai employees by Dr. Shailendra



Qatar National day celebration at KIMS Qatar Medical Centre



What is health?

“Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity. “

This is the WHO (World Health Organization) definition of health. We usually talk of health in terms of physical well-being; mental and social well-being are too often ignored. The best way to live our lives - to be mentally and socially healthy, is a disputed topic. The endless conflicts around us are a result of that. We are nowhere near finding a consensual prescription for perfect mental and social health. Total health thus may seem unattainable. All these may seem simplistic, hence this article.

Science has intensively studied Physical health in the last few hundred years. We have made unbelievable progress in the understanding of diseases, increased our lifespan three fold (from <28 to >80) and vastly mitigated the suffering due to diseases. However, perpetuating false beliefs, quackery and criminal exploitation of the sick and suffering continues, and is a very rampant, lucrative business even in the most developed societies. Modern healthcare has become prohibitively expensive too.

Physical well-being

Physical health pertains to the body. It means freedom from illness, injury, or pain. The function of the body is to carry the brain around, find and supply it with nutrition, and carry out its orders - to experience the world. The human body has thus evolved to be mobile – to be physically active. In fact, humans have the greatest stamina of all mammals. We are capable of running 20-30 kph for 16 hours or more. Surprised? Google it! In reality, most of us can barely do 10 kph for 10 mts.

In urban life, we have little need to be physically active. We do not need to carry the brain around; we can bring the world to us – Radio, TV, cell phones, and computers. We do not need to physically gather and prepare food; we can order it. Machines and gadgets execute most of the orders given by the brain. The body has become almost redundant. However, there is a caveat.

Our bodies become weak and diseased if we do not use it. We still absolutely need a healthy body to live.

Since our lifestyles have become unhealthy with modernity, we have no option but make informed lifestyle changes. To keep our bodies in working condition we need to find ways to use it regularly and fuel it appropriately. Adequate physical activity and appropriate nutrition are the corner-stones of physical health, not medications, supplements, or alternative medicine as commonly believed.

Mental and Social well-being

Mental Stress wrecks havoc with our well-being. Addressing it goes a long way in maintaining physical health.

Stress, releases hormones like adrenaline and cortisol in our body, which raises our heart rate, blood pressure, blood sugar, and cholesterol. This is a beneficial evolutionary adaptation - “Fight-or-flight reaction”. In the presence of physical danger, a sudden release of stress hormones occurs, causing an instantaneous boost in the blood circulation and available nutrition. This is meant to fire up and fuel the brain and muscles in order to fight or flee from danger. The bodily parameters however, return to normal if the sequence is completed; if we burn up the increased sugars and cholesterol with physical activity.

In modern life, unresolved mental stress is ubiquitous – the morning rush hour, meeting targets, dissatisfied spouses and bosses, work competition, economic and social insecurity, fatuous relationships, and balancing family life; all stress us out. How we tackle them is a different topic. Let us see how it affects our health for now.

Mental stress releases the same hormones and causes the same bodily changes. We do not physically fight or run away to burn up the effects of stress hormones. If this build up of stress goes on for days, weeks, months and years, the cumulative effect can give rise to central obesity, diabetes, hypertension, and dyslipidemia, the so called Metabolic syndrome.





Not all obese people have central obesity (the unsightly apple shape). The stress hormone cortisol has a central role in causing abdominal/visceral obesity. Sedentary lifestyle, lack of sleep, and mental stress, contribute to central obesity. The most dangerous fat deposits are around the organs inside the abdomen, not beneath the skin or on the limbs. Physically active people who are relatively stress free and sleep adequately, even if they consume excess calories develop generalized subcutaneous obesity (the more attractive pear shape).

Therefore, vigorous physical activity and appropriate nutrition are

the best ways to combat the effect of chronic mental stress. Health is a positive concept emphasizing social and personal resources, as well as physical capacities.

Health

To be healthy means to have a body capable of a high level of functional and metabolic efficiency and to be mentally at peace with ourselves and others, not just to be free from illness, injury, or pain.



For public awareness




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With the opening of our latest hospital in the Kingdom of Bahrain, KIMSHEALTH Hospital and Royal Bahrain Hospital are dedicated to provide you exceptional healthcare services.

 	
Hospital Type	
Premium Primary, Secondary, Tertiary and Home care	Affordable Primary and Secondary care
Facilities & Infrastructure	
24hr Emergency / Pharmacy 2 Operating theatres 65 beds 33 Consultation rooms Intensive care unit 3D Mammogram 1.5T MRI 128 Slice Cardiac CT Fluoroscopy Xray 4D Ultrasound Sleep lab	24hr Emergency / Pharmacy 3 Operating theatres 70 beds 25 Consultation rooms Intensive care unit 16 Slice CT Ultrasound Xray
Medical & Surgical Services	
Joint replacements Bariatric surgeries Medical & surgical oncology Advanced neonatology High-end general surgeries Cosmetic surgeries High-risk obstetrics and Laparoscopic gynecology Endoscopy	Emergency orthopedic procedures General surgeries Obstetrics & Gynecology surgeries Endoscopy
Insurance Category	
Premium, A & B networks	B, C & Low cost networks

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RBH & Bahrain Cancer Society - Charity Bike Ride for Prostate Cancer Awareness



KIMSHEALTH teamed up with Thyrocare Gulf Laboratories to launch a unique Frequent Traveler Program for COVID-19 RT-PCR Testing (FTPC) aimed at providing frequent travelers with an affordable option to undertake COVID-19 RT-PCR test



Dr. Sheriff Sahadulla (Group Chief Executive Officer - KIMSHEALTH), Mr. Jacob Thomas (Executive Director - Operations & Projects (GCC) - KIMSHEALTH) & Dr. Ahmed Alrashid (Chief Operating Officer - Royal Bahrain Hospital) present mementos and certificates of appreciation to the COVID Warriors



Royal Bahrain Hospital teams up with the Rotaract Club of Bahrain to spread awareness on recycling! Royal Bahrain Hospital was the first hospital to provide plastic waste where proceeds will be used to purchase wheelchairs for the Bahrain Parents Foundation for the Differently-abled



Leading regional newspaper, Gulf Madhyamam, officially handed over the Happiness Edition of its Kudumbum Magazine to KIMSHEALTH staff. The magazine includes exclusive coverage of Dr. M.I. Sahadulla, Group Chairman & Managing Director of KIMSHEALTH.

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Reg. Office : P B No. 1, Anayara P.O., Trivandrum – 695 029
T : +91 471 2941000, 2941400 | E : relations@kimsglobal.org | www.kimshealth.org
INDIA: Trivandrum | Kollam | Kottayam | Perinthalmanna
MIDDLE EAST: Bahrain | Oman | Saudi Arabia | Qatar | UAE

